

# Bridges



Association of Administrators of the Interstate Compact on Adoption and Medical Assistance

Spring 2005

## Let's Talk About It!

### Facilitating Interjurisdictional Adoption through Mediation

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Working interjurisdictional adoption cases can sometimes feel like traveling to a foreign land. Just as language and customs can differ across national boundaries, the policy and practice of social services can differ across state and county lines. Adoption law is the purview of the states—there is no federal law regulating how an adoption is to be achieved. This fact creates a mosaic of at least fifty-one sets of laws that each state could potentially contend with in an interstate adoption placement. Accommodating for and complying with these variations can be difficult and time consuming. It takes skill and patience—and something more. It takes communication.

Communication is crucial in interstate placements. Knowledge and understanding of state policy and practice in the receiving state is helpful, but what is even more important is communication. If you aren't familiar with the law and policy of the receiving state, a willingness to pick up the phone and communicate directly with placement staff in the receiving state can sometimes do more to bring an interstate adoption to finalization than any other action a caseworker can take. Even if immediate case improvement isn't achieved, interstate relationships can be strengthened. There is always something to be gained—open, cooperative communication never fails.

To assist states in guiding a case through the intricacies of the interstate adoption process, Teamwork for Children designed the Implementation of Collaborative Planning to Increase Interjurisdictional Adoptions (IJA) Project. The project created a system of facilitation and effective problem solving between states based on a knowledge of the differences in state policy and practice. When an interjurisdictional case became stalled, a third party professional stepped in to mediate placement issues between the states by serving as a neutral problem-solving instrument. The result was greater timeliness and improved quality in adoption finalization. Key to the project's success was a strategy of communication and collaboration. This strategy can be used by any child welfare caseworker in any state. The end result for all is an increase in safe and timely adoption finalizations for families seeking an interstate placement.

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## **The Interjurisdictional Adoption Project (IJA)**

The IJA project was funded by a Children's Bureau Adoption Opportunities grant for three years from March 2001 through February 2004. IJA worked with four states in the western region of the United States: California, Oregon, Washington and Nevada. The grant allowed Teamwork for Children to do the following:

1. Apply case mediation services to the interjurisdictional adoption processes.
2. Provide on-site training in interjurisdictional adoption facilitation.
3. Increase intercounty and interstate collaboration in and among participating states through Advisory Board activities.
4. Share project findings and information through the project web site and workshops.  
See Teamwork for Children web link at: <http://www.tfckids.com> (Note: IJA Project page is under construction.)

### **What is mediation and how is it used to facilitate interstate placements?**

Information is knowledge and knowledge empowers. Teamwork for Children's mediation model worked from this premise and directed states to assemble all information necessary to make informed decisions in the best interest of children being placed across state lines. Third party mediators entered the case as neutral facilitators in a confidential process. Mediators came to the process without a bias for or against either the sending or receiving state's practices and had no preconceived ideas about solutions or outcomes. This neutrality helped the party states to understand one other better, determine available options, and reach a mutually agreeable solution to move the case toward permanency.

The IJA project used professional mediators to serve as intermediaries. These services can be beyond a state's resources, but the IJA methods can be modeled at no cost. Contracting with outside professionals to serve as neutral mediators/facilitators may not be possible, but existing staff can gain the mediation skills needed to facilitate their own and one another's cases. Using facilitation/mediation techniques can bring a fresh approach to conflict resolution. The techniques offer the possibility of a new perspective on the challenges that can delay an interjurisdictional placements. The open communication and collaboration between states can result in timelier case resolution, which can translate

into savings. The old adage still holds true—time is money. The creative and innovative resolutions produced by mediation techniques can save time and resources. Saving time and resources can save state dollars.

The core elements of the project's mediation process included neutrality, confidentiality, and empowerment. In IJA, facilitators were selected for their research skills in and understanding of permanency processes and procedures in multiple jurisdictions. Facilitators had either prior training or experience in mediation or received certified training prior to conducting case facilitation. In addition to training in mediation skills, facilitators also received training in the ICPC (Interstate Compact on the Placement of Children) and the ICAMA (Interstate Compact on Adoption and Medical Assistance) processes and goals, as well as training on the permanency practice of the participating states (California, Oregon, Washington, and Nevada). Caseworkers experienced in ICPC and ICAMA practice can easily and effectively incorporate mediation practices into their interstate permanency efforts. The following information on the facilitation process used in the IJA project will explain the process by detailing the referral techniques, interventions, and offering case examples. IJA will conclude with suggestions on ways that caseworkers can adapt the mediation/facilitation process for use in their states.

In addition to a third party facilitator, the IJA used a triage type of administrative-level intervention to determine which cases were in greatest need of facilitation. Using this system of case identification, the facilitator's goal was to step into the case, understand the problem, assist party states in finding a resolution, and then remove themselves from the process to allow state staff to complete the placement. Facilitators did not "take over" entire cases or do the job of caseworkers. The facilitator's role was solely to provide targeted assistance to specific interjurisdictional issues and to facilitate the case toward completion.

An Advisory Board was created to guide the IJA and to provide information on facilitation and the case referral process. One person in each jurisdiction was designated to refer cases. The designation was left to the jurisdiction because different supervisors preferred different approaches to the process. Some supervisors preferred to be notified when a caseworker was making a referral, while others permitted caseworkers to contact the IJA project directly. Adding more people

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to an already difficult case can sometimes add to the complexity and the problem, so the IJA worked to keep the number necessary to a minimum. IJA made a commitment at the outset of the project “do no harm” and kept this commitment throughout the life of the project. IJA’s guiding principle was the belief that facilitation cannot resolve all problems, but it can offer new solutions by offering a fresh viewpoint and an unbiased approach toward achieving permanency.

To tackle interjurisdictional issues, participating states developed detailed approaches known as “action plans.” Each state’s plan varied in approach. In one approach, the facilitator contacted the second jurisdiction’s caseworker or supervisor to introduce themselves, the project, the facilitation process, and the concerns of the referring caseworker. In another, the facilitator acted after the referral state contacted the other jurisdiction involved in the case. The facilitator waited to be contacted by the referring caseworker because referral conversations often generated solutions that the caseworker or supervisor had not previously considered. In both approaches, facilitators worked with the referring caseworker or supervisor until one of three things happened:

1. Resolution was achieved;
2. The referring worker asked that the facilitation process end; or
3. The facilitator determined that no further progress was possible.

Once a case was closed, the facilitator contacted the referring caseworker a few weeks later to ensure that the case had continued “on track” and to offer assistance on the case, if needed. The facilitator also offered to remain available to assist the caseworker in other interjurisdictional cases.

In the last two years of the three-year grant of IJA, forty-seven (47) cases were referred to the project for investigation and staff support. All referrals represented cases that had stalled in the system. Each case involved issues which case workers were unable to resolve or communication breakdowns between the jurisdictions. Out of 47 referrals, the project facilitated 39 cases (83% of the initial referrals). The majority of facilitated cases, 75%, represented kinship families, and 80% of the cases involved children already placed with their permanency resource families. Over the two-year period, facilitation contributed to the permanency

outcomes for 66 children and interceded in some of the most difficult interjurisdictional cases.

## **Types and Characteristics of Issues Involved in Facilitation Cases**

Four overarching issue areas emerged in the adoption placement facilitation cases: child welfare policy, ICPC policy, caseworker concerns, and family issues. Transforming relative care cases into adoptive placements and breakdowns in interstate worker communication were the two most common concerns. Over three-quarters of the cases involved kinship families and cases where children were already placed with their prospective permanent families. There was a very strong correlation between challenges in moving a case from a relative foster placement to relative permanency and the child welfare policy issues of foster-adopt home studies, TPR policies, and fiscal and system policy requirements. A description of each of the four areas is detailed below, followed by specific cases examples illustrating the issue.

### ***I. Child welfare policy issues***

The challenges in child welfare policies included home study issues, TPR<sup>1</sup> requirements, differences in state fiscal policies, and conflicts in public-private agency involvement in the process of home studies and supervision.

*Case example:* In one case, grandparents living outside the jurisdiction where the children lived were chosen as the best placement for three siblings. A common interjurisdictional issue arose. The question of state responsibility for medical care and medical coverage in an interstate placement brought the placement to a halt. One of the three children was medically fragile and a catch-22 emerged. The sending state would not send the children to the grandparents without prior medical approval and the receiving state refused to initiate the medical approval process until the children were physically in the receiving state. This case had stalled over this issue for several months when the IJA project was contacted. The mediator/facilitator researched the policies and practices of both the sending and receiving states and discussed the issues with the staff of both jurisdictions. The facilitator

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<sup>1</sup> In addition to different policies between states, California had different policies between counties regarding home studies. In some counties, a home study could not be initiated unless or until a TPR (termination of parental rights) had been completed. In other counties, it was necessary to secure a family with an approved home study before the TPR process could be initiated.

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discovered that the policy and practice for securing medical coverage in each state was different.

The sending state first processed paperwork and then granted coverage from that date forward, while the receiving state processed paperwork and granted coverage effective on the date the paperwork was initially filed. Once this procedural difference was understood, the sending state and the receiving state worked together to overcome the practice difference, secure medical services and coverage, and achieve placement with the grandparents. The sending state purchased the expensive equipment they had been leasing for the child, and the receiving state paid some of the cost to move the equipment to the grandparents' home. The mediation/facilitation process for this case took approximately 60 days. The result was that necessary medical services were secured for a medically fragile child and all three children spent the winter holidays in their new home with their grandparents rather than in foster care.

## **II. ICPC compliance issues**

The necessity of working with multiple jurisdictions presented the most frequent challenges. ICPC compliance issues were defined as placement challenges that arose due to jurisdictional differences in policy and practice that led to breakdowns or delays in the placement process. Challenges included inadequate provisions for and oversight of cases, particularly relative cases moving from temporary to permanent care.

*Case example:* Many cases involved transforming temporary relative care to permanent care. The process of moving from a relative placement to permanent care often proved problematic. In one case, three children from one state were placed with their maternal grandmother in another state. The grandmother then moved to a third state. The sending state submitted ICPC paperwork to the grandmother's new state and received no reply from the ICPC office. Time was of the essence in this case. Permanency with the grandmother was determined to be in the best interests of children and the sending state caseworker was working to complete adoption finalization before the children's birthmother was released from prison.

After the sending state referred the case to an IJA mediator/facilitator, they discussed the case and agreed to have the facilitator/mediator contact the agency in the receiving state directly. After several inquiries, the facilitator/mediator learned that the supervisor had not

assigned the case and that no visitation had occurred, though the children had been residing in the state for one year. The sending state caseworker proposed traveling to visit the family herself. The mediator/facilitator then worked to contact staff in the receiving state about the possibility of the sending state caseworker visiting the family. The receiving state granted permission for the sending state caseworker to make a visit and all necessary and appropriate visits were made. Due to intervention, the case proceeded without further problems and the adoption was finalized 11 months after initial referral to facilitation.

## **III. Caseworker concerns**

Caseworker concerns primarily involved breakdowns in communication.

*Case example:* A child had been placed with a relative outside their resident state nine months prior to the case being referred to the IJA project. The sending state caseworker had repeatedly requested but had not received home visit updates or other information on the safety and appropriateness of the placement. It was discovered that the communication problem was caused by case turnover—the receiving state had transferred the case several times between caseworkers. The sending state contacted the IJA for assistance and gave the mediator/facilitator permission to contact the receiving state directly. After several phone calls, the mediator/facilitator connected with the current caseworker. The caseworker said he had only recently been assigned the case, but had already taken several actions. The caseworker had sent letters, phoned and left messages, and, finally, had sent an intern out to the relative's home for an in-person follow-up. None of these efforts were successful.

The mediator/facilitator strongly encouraged the receiving state caseworker to place the case at a higher priority level. The caseworker agreed and made a plan to complete the home visit and make reports to the sending state. The caseworker connected with the relative and made an important discovery. The placement proved to be inappropriate and unsafe. The result of IJA's facilitation was that the child was removed from the placement and safely returned to the sending state.

## **IV. Family issues**

Family issues were less common than other issue areas. Problems included a lack of parental follow-through and unmet parental support needs for special needs children.

*Case example:* Changes in families can result in permanency challenges. Two children were placed with their maternal grandfather outside their resident state three years prior to the case being referred to facilitation. An adoption home study was requested, in addition to developmental evaluations and written progress reports on the children. The receiving state caseworker stated that the family had not completed necessary paperwork and that they needed to complete their part of the home study. The caseworker explained that she was the sole placement caseworker assigned a large area of a mostly rural state.

After talking with the sending state worker, the mediator/facilitator contacted the receiving state caseworker and gained permission to contact the grandfather, if appropriate. The receiving state caseworker informed IJA that she had received paperwork from the grandfather the previous week and was moving forward with the home study. She had also received developmental evaluations completed by the children's schools and agreed to fax them to the sending state. She had been unaware that the sending state had not received the reports. One of the family changes that affected this case was that the grandfather had recently married. A new home study was needed in order to include his new wife, which basically meant starting the home study all over again. Additional delays were caused by caseworker vacations and the need for signatures on additional paperwork from the grandfather. The mediator/facilitator's intervention prompted the receiving state supervisor to temporarily reduce the receiving state caseworker's caseload in order to complete the home study process. Adoption was finalized nine months after the referral was received by the project.

### **Type and Characteristics of Facilitation Approaches Used in IJA Adoptions Cases**

Facilitation efforts can address the barriers commonly presented in interstate permanency cases, including communication breakdowns between sending and receiving states, receiving state delays in supervision or lack of supervision follow-through, receiving state delays in paperwork completion, and challenges posed in transforming temporary relative care into a permanent legal relationship. Table 1 summarizes the types of approaches used by facilitators to resolve stalled interstate cases.

Providing a neutral party third party to facilitate communication was the primary mode of intervention. In 10 cases (26% of all cases) facilitators also engaged

higher authority figures such as supervisors or state ICPC administrators to resolve breakdowns. Facilitators also used research skills to investigate legal questions and assess resources to resolve case issues. In two instances, facilitators spoke directly with caregivers to move cases forward.

With little or no additional funding or outside contracts, caseworkers and their supervisors can use all of these

<b>Type of Facilitation Approach</b>	<b>Frequency of Use of Facilitation Approaches</b>	
	<i>Number</i>	<i>% use in 39 cases</i>
<b>Worker Communication</b>	22	57
<b>Communication at higher levels</b>	10	24
<b>Legal, resource, or other types of investigation/information sharing</b>	8	21
<b>Direct contact with caregivers</b>	2	5
<b>Lead in developing action plan</b>	1	3
<b>Totals</b>	43	na

techniques. Training in problem solving, mediation/facilitation skills, tracking the time a case has been in the placement process, using checklists to determine case status to determine if they are moving in a timely manner, and a commitment to move cases to permanency as quickly as safety allows, can all be done with no additional spending. Creativity, perseverance, and persistence go a long way in resolving the difficulties encountered in the often complex and challenging work of interjurisdictional adoption.

### **Facilitation Outcomes**

Interjurisdictional Adoptions (IJA) facilitation produced diverse outcomes in interstate permanency cases. Only 2 of the 39 cases taken by the project remained open at the conclusion of grant funding. Facilitation served as a neutral mechanism to move cases towards strategic action, decision-making, or both. In many instances, facilitation did not directly solve problems, but, rather, assisted in revealing more complex or hidden issues caseworkers were not able to discover in their own roles or with the resources available to them. Once these hidden issues were brought to light, caseworkers were better able to address the core reason a case was stalled and to move the case closer to permanency.

Table 2		
Descriptive Outcomes in Interjurisdictional Adoptions Facilitation		
Type of Outcomes	Frequency of Case Outcomes in Facilitated Cases	
	Number	% (of 39 cases)
Case closed or case proceeding toward adoption	22	57
Home study completed, approved, or denied	8	21
Waiver, good faith, or cooperative agreement established	5	13
Child removed and returned to sending state	4	10
Adoption completed	3	8
Service payment provided	3	8
Family paid cost of home study	2	5
Visitation occurred	2	5
ICWA eligibility of child determined	2	5
Case still open	2	5
Licensing of relative	1	3
Guardianship completed	1	3
Family goal clarified	1	3
Reduction of caseworker load	1	3
Unknown outcome	1	3
<b>Totals</b>	58	NA

Table 2 provides a summary of the types and frequency of outcomes achieved in the project. Issues in home study completions were addressed by identifying the jurisdiction ultimately responsible for payment. Various types of formal agreements were used to resolve legal and policy issues, such as waivers for older criminal background incidents for relatives. Again and again it was found that open communication, collaboration, and cooperation in the facilitation efforts overcame many of the systemic policy and practice barriers encountered in interstate foster care adoptive placements.

With a few basic skills, an open attitude, and facilitation techniques, mediation can be practiced by anyone. Though a state caseworker is not a neutral party, adoption workers and supervisors can still implement a majority of the facilitation techniques used in the IJA project and achieve improved outcomes. The following procedural steps and practical hints can serve as

guidance through the process of interjurisdictional adoption.

### Step One

#### Jurisdiction One (J1) and Jurisdiction Two (J2)

*Begin case assessment with J1 and contact with J2*  
Collect all case facts in J1 and begin to identify existing barriers. Determine ICPC procedures to ensure that everything has been done correctly in J1. Identify child's J2 worker and prepare to contact him/her. If poor communication with the J2 worker is an issue (i.e., worker does not return phone calls), determine who the J2 supervising worker is and contact him/her. *In the experience of the IJA facilitators, the best results were achieved by direct telephone contact with someone in J2, even if the facilitator had to call numerous agencies to identify a responsible party.* Communication by fax and e-mail can be helpful, but a true collaborative effort was only achieved through a person-to-person conversation.

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## Practical Hints for Assessment Phase

1. Begin with a blank slate. Think of the current status of case as "square one" and go forward from there. Do not try to assign blame for the case's status.
2. Embrace a willingness to resolve issues and understand all perspectives.
3. Recognize the needs of each party to voice frustration and to express their views as to what they believe to be the problem(s). Empathize with the person in an appropriate way that recognizes boundaries. Sources of frustration and resistance reveal helpful information on why and where the process is breaking down. Positive feedback can include responses like: "That sounds really frustrating, I'll make a note of that and see what I can do." This type of supportive approach can diffuse frustration and help erase negative attitudes on both sides.
4. Use broad, open-ended questions and avoid "yes/no" questions. Be supportive of the other jurisdiction's opinion by showing an interest in their views. For example, ask, "What do *you* see as the factors leading to the current problem?" rather than "What is the problem?"
5. Remember that establishing positive worker communication creates (or restores) good interstate relationships and is the best tool for resolving the current case and for avoiding future placement issues.

### Step Two

#### ***Problem solving and continuing communication between J1 and J2***

Once the lines of communication are open, the real work of understanding the case and overcoming barriers begins. Two workers finally speaking to one another on the phone instead of playing "phone tag" might be all it takes to resolve a simple case. A complicated case involving financial or legal issues might take extended research and frequent communication between jurisdictions. Such a case may take months before the child is placed for adoption. In all cases, a successful approach includes the worker in J1 creating a plan of action and seeing the plan through to a timely resolution.

## Practical Hints for Problem Solving and Communication

1. Define your goals, not just solutions, and be specific in the definition. Defining goals helps you to work toward them and to attain them.
2. Practice, embrace and encourage flexibility, creativity and initiative. Think "outside the box" when problem-solving.
3. Make sure everyone is speaking the same language—agencies and jurisdictions can differ in terminology and practice. These differences can cause unnecessary confusion and delay.
4. If you are presented with information that is contrary to law, policy, or the facts of the case, use neutral approaches to addressing the discrepancy, such as: "I'm sorry, I misunderstood thought you were saying... it's my understanding that..."
5. Increase your knowledge of the ICPC in order to ask informed questions. Use an open-ended, non-directive approach in your questioning, don't "lead" the other worker to a particular answer.
6. Be sensitive to the other jurisdiction's need to contact other staff, such as supervisors or ICPC Administrators. Try to empower the worker in J2 to accomplish as much as he/she can at their level, but understand when it's necessary to respectfully seek assistance further up the J2 chain of command.
7. Focus on the positive instead of the negative. Acknowledge staff for doing good work in a case, even if there was only one good thing among many mistakes. A stronger interstate relationship should always be a goal in any interstate issue. Relationship building takes time and positive reinforcement.

### Step Three

#### ***Resolving the case***

Once the barriers have been identified and both J1 and J2 are in agreement about how to resolve the

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problem(s), the case will usually move toward a permanent placement. However, if appropriate progress is not made, or more problems arise during the facilitation process, the worker and/or supervisor in J1 must make a decision about whether to allow the child to remain in J2 or return him/her to J1. In some cases, the placement in J2 is obviously in the best interest of the child, such as in a placement with a close family member, and the authorities (including the courts) in J1 will allow for some delay in order to resolve legal or financial issues. In that case, it's best to allow the worker in J2 to move the case forward and to establish regular communication to keep all parties current on case progress.

It is possible for a case to become stalled again after what appeared to be forward progress. In that circumstance, the worker in J1 should begin the process again: Identify the new issue, communicate with J2 to solve the problem, and follow the case through to resolution.

### Practical Hints for the Resolution Phase

1. Express gratitude and appreciation to all parties involved in the interjurisdictional placement process. Again, relationship building between states takes effort and care.
2. Celebrate case successes and share the experience with other workers—they may come across a similar case someday and be able to apply the same problem-solving techniques.
3. Remember the goal is to assist children in finding loving, permanent homes. Facilitation is not about being “right” or pointing out who is “wrong.” Facilitation is informed, open communication, collaboration, and cooperation between jurisdictions in order to achieve safe, permanent placements for waiting children in as little time as possible.

### Conclusion

Using facilitation techniques can greatly increase the effectiveness and the timeliness of interjurisdictional adoptive placements. Facilitation, however, cannot resolve all issues and concerns surrounding interjurisdictional adoptions. The IJA project also identified many systemic and national level concerns, including the need for:

1. Mandatory supervision across state jurisdictions to ensure the safety and adequacy of permanency resources for children.
2. Sending states to be financially responsible for home studies and supervision.
3. Uniform time guidelines, agreed to by all the states, for the completion of interjurisdictional home studies.

The IJA project has brought these, and several other policy-related concerns, to the attention of legislators and other policy makers at state, regional, and national levels. We encourage workers and supervisors to increase their use of facilitation-style communication and problem solving techniques as a resource for front-line workers responding to the needs of adoptive families and waiting children seeking permanency across jurisdictional boundaries.

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### **Case: *Alternative Options v. Chapman***

*Case #20030186-CA, Filed December 30, 2004, UT App 488*

*By Christine Lamble, MSW, JD*

#### **Case Background**

In June 2002, three licensed adoption agencies in Utah: Adoption Center of Choice Inc., A TLC Adoption, Inc., and Alternative Options and Services for Children/Act of Love, filed a suit in Utah State Court alleging that the application of AAICPC Secretariat Opinion 49 impaired expectant mothers' constitutional right to travel, and that private adoption agencies are harmed by the delay and increased costs of applying Opinion 49.

In October 2003, the Utah State Court dismissed the suit because it determined that the adoption agencies did not have standing to assert a violation of the rights of expectant mothers who are not party to the lawsuit. In order for a party to have standing, they must have been harmed or were in danger of being harmed by the action. The Court's determination meant that the agencies could not bring a case on their own or on the expectant mothers' behalf.

The adoption agencies appealed the decision to the Utah Court of Appeals (the Appellate Court), arguing they do have standing to challenge the requirement to comply with ICPC provisions when assisting out of state mothers who give birth and place their children for adoption in Utah. They argued that compliance could negatively affect their business because of the expense involved, and that non-compliance could result in a revocation of their license. The Appellate Court agreed.

#### **Practice Implications**

This Appellate Court decision has implications for state practice. If a birthmother from another state travels to the state of Utah, gives birth and places her child for adoption, Utah will no longer apply ICPC to the placement of that child, and the birthmother's state will no longer be involved in the ICPC process. As an added note, states should be aware that similar litigation oftentimes follows a successful lawsuit. It is important to inform your State Attorney General or State Child Welfare Counsel of the decision reached in *Alternative Options v. Chapman, Case #20030186-CA* if they are not already aware of the case.

#### **Reasoning of the Appellate Court**

The Appellate Court ruled that the adoption agencies **do** have standing and that the ICPC, as adopted in Utah, does not apply to the unborn children of expectant mothers who come to give birth and place their children for adoption in Utah.

First, the court's decision rests on the plain language of the ICPC definitions of "placement" and "child." In the ICPC, a "placement" means the "arrangement for the care of a *child* in a family or boarding home..." The Appellate Court and adoption agencies agreed Utah **could** regulate prospective placements of unborn children if "child" included unborn children in the compact definition, but since "child" clearly does not include the unborn, these placements can not be regulated by the compact.

Second, before a child can be placed across state lines for adoption, the ICPC requires the sending agency to comply with the compact provisions including the requirement that notice be sent to the receiving state indicating the child's name, date, and place of birth. This requirement is not qualified by 'if known.' If the ICPC was intended to apply to both unborn and living children, the text might read "intended" name, "expected" date of birth, "planned" place of birth. The court, therefore, determined that ICPC clearly applies only to children who have been born in another state.

Finally, the Court based their decision on the purpose of the ICPC. The ICPC purpose is to ensure that appropriate authorities determine that the proposed placement is in the best interests of the child by evaluating the individual child. If the child is unborn, its needs are unknown and cannot be evaluated.

The stated purpose of the ICPC, the definition of the word 'child,' and the notice requirements in the compact allowed the Court to conclude that the ICPC, as adopted in Utah, does not apply to the unborn children of expectant mothers who come to Utah to give birth and place these children for adoption. The Utah Court of Appeals remanded the case back to the lower court to decide, consistent with this opinion.

The Appellate Court also dismissed the case against AAICPC and APHSA. They ruled that there was no basis to claim AAICPC or APHSA caused harm to the placement agencies. When addressing the issue of this liability, the court said, issuance of a nonbinding, informative, and instructional Secretariat Opinions does not make AAICPC and APHSA parties to this action. The Court also said that, while Utah is in a position to sanction the adoption agencies for non-compliance, and may have been influenced by Secretariat Opinions, these Opinions have no regulatory authority.

For a copy of the case, link: <http://www.utcourts.gov/opinions/appopin/altern123004.htm>

## The View from Here: Interjurisdictional Placements from a Parent's Perspective

By Sylvia R. Franzmeier, ACSW, LMSW-ACP

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Each year the *Collaboration to AdoptUSKids* awards 35 mini-grants to parent support groups across the United States. An informal survey of the grantees produced the following four stories.  
(See page 12 for information on the 2005 Parent Group Mini Grants)

### Advantages and Disadvantages to Interjurisdictional Adoptions

(Iowa) *Advantage:* A prospective adoptive family found that an interjurisdictional adoption exposed their family to a wider group of children. Matching their family to a wider group of children meant a greater likelihood of finding a child who would best suit their family. The end result was a shorter time to permanency. The child was placed with the family only six months after the home study was completed.

*Disadvantages:* The first disadvantage was that the family was required to stay in the sending state for two weeks while waiting for the placement agency to file papers with the state and complete the ICPC (Interstate Compact on the Placement of Children) process. The family's expenses for housing and meals increased the cost of the adoption. The second disadvantage arose from differences in state adoption laws. The adoption in the sending was considered a legal risk placement and the judge ruled that all families in the jurisdiction with the same, very common, last name as the adoptive child must receive notice of the proposed adoption. The notification delayed finalization. The adoption took 14 months to finalize.

### Time to Placement Varies Between States

(Colorado) The prospective adoptive family was perfect for a sibling group on the National Photo Listing. However, the children were not in Colorado. The Colorado social worker contacted the children's social worker; the family provided their information and received information about the children. The placement appeared to be a great match! But the intricacies and accompanying paperwork over the next several months became very difficult. After almost six months of negotiations, the family and their social worker gave up and the family chose to pursue adoption of a different sibling group in another state. This placement, too, was interstate, but took only two months from start to finish, the adoptions are near finalization.

### A Question of Communication

(Idaho) The family experienced what they called a "very long and arduous adoption process" and said that the reason for this had to do with information

gaps on the part of interstate compact workers and the social workers in the sending and receiving states. The receiving state's compact worker requested that the sending state obtain the children's school records and send them to her before she could approve the placement. The school's policy, however, permitted them to send the records only to another school. This was only one of several instances where differences in state policy and practice contributed to placement delay. The parents said that better communication between the states would have prevented confusion and reduced the time to permanency.

Parents felt that the issue that most contributed to problems and delays was a lack of experience with interstate placement. The caseworkers and some supervisors are unfamiliar with the ICPC process. The caseworker turnover also contributed to the problem.

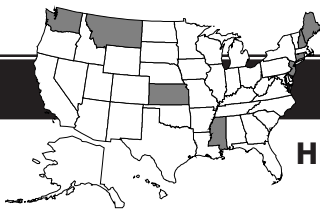
**Why Interstate Placements Are a Good Idea**  
(Minnesota) The adoptive family felt that interstate adoptions were a good idea because:

- they can give adoptive parents greater autonomy in parenting the child,
- they often have a shorter transition period,
- they can get rid of bad memories and associations,
- they can make children feel safer, and
- they open a wider door to recruitment of families.

### Conclusion

Adoptive parents offer suggestions to achieve interstate collaboration, cooperation, and communication:

- A standardized home study accepted by all states.
- Timely responses in both jurisdictions.
- Decide on and enforce interstate timeframes.
- Train interstate staff on current procedures.
- Assign one person in an agency to oversee all interstate placements.
- Standardize the financial arrangements between states to reduce delays to permanency.
- Institutionalize interstate communication!



## STATE INFORMATION EXCHANGE

### HHS Awards Adoption Bonuses to States

On October 14, 2004, U.S. Department of Health and Human Services (HHS) announced the awarding of \$17,896,000 in adoption bonuses to 31 States and Puerto Rico. The funding comes from the Adoption Incentives Program and is given to States that were successful in increasing the number of adoptions from the public child welfare system over the number of adoptions finalized in 2002. This is the first time that bonuses have been given to States and territories since the program was revised and strengthened in December 2003. The bonuses go to state child welfare agencies for a variety of child welfare and other related services including adoption and adoption-related services. For the first time, the Adoption Incentive Program added a focus on the growing proportion of children aged nine and above who are in need of adoption before they "age out" of foster care. Two key changes of the incentives that strengthen states' adoption and child welfare services are:

1. An additional bonus of \$4,000 to States for each child aged 9 and above adopted from the public child welfare system. This bonus is on top of the current \$4,000 provided for each child and on top of the \$2,000 bonus for each special needs child adopted.
2. The threshold to receive incentives has been reset based on the number of adoptions finalized in FY 2002, making States that reached their highest number of adoptions in the earlier years of the program more likely to qualify for a bonus.

Currently, there are 129,000 children in the public child welfare system waiting to be adopted. Of this number, approximately 50,000 children each year are placed in adoptive families. Approximately 19,000 children "age out" of the foster care system each year without ever having the opportunity to be adopted. The adoption bonus is in addition to the AdoptUSKids website previously launched by ACF aimed at the recruitment and retention of adoptive families for children in the foster care system. See the AdoptUSKids web site at <http://www.adoptuskids.org>.

For a complete list of HHS adoption bonuses, go to [http://www.acf.hhs.gov/adop\\_inc\\_2003.htm](http://www.acf.hhs.gov/adop_inc_2003.htm).

### MINNESOTA

#### HHS Approves Child Welfare Waiver

On September 10, 2004, the U.S. Department of Health and Human Services (HHS) approved a child welfare waiver demonstration project for the state of Minnesota. Under the waiver, Minnesota will be able to use federal foster care dollars to increase the rates paid by the state to adoptive parents or relatives who assume legal custody for children in their care. Currently in Minnesota, adoption and relative custody assistance benefits are as much as 50% lower than foster care rates. The program will focus on children in long-term foster care who are older; part of a sibling group; or have psychological, physical, or behavioral problems. Minnesota estimates that there are 767 youth currently in foster care in the six demonstration counties. American Indian children in the state, who are over-represented in long-term foster care, would particularly benefit from the new program. The state hopes to increase by at least 20% the proportion of children in long-term foster care who are successfully placed in permanent homes, to decrease the length of time children spend in foster care, and ensure the continued safety of children after they leave the foster care system. HHS has authority to approve up to 10 child welfare waiver demonstration projects each year. Wisconsin was also granted a waiver. For information: <http://www.acf.hhs.gov/programs/cb/initiatives/cwwaiver.htm>

### TENNESSEE

#### State Makes Push for Adoption

Tennessee has increased its adoption subsidy rates. Department of Children's Services (DCS) Commissioner Viola Miller believes the increase will correlate with an improvement in adoption rates in Tennessee. Previously, there were 78 subsidy rates for foster children and over 350 for adoptive children. In addition, the adoption subsidy was significantly lower than the rate the family would receive as foster parents to the same child. Miller stated that the discrepancy was a disincentive to adoption and had been eliminated. Additional changes to adoption subsidies include a change to the definition of age and minority-related special needs.

### PENNSYLVANIA

#### Giving Families a Break

A new program, *Respite Care Resource Families*, has been developed by Project STAR in Pennsylvania to increase the number of available families ready to provide respite to adoptive or foster families. Utilizing an extensive database of families who had inquired

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with the agency over the past four years but had not yet followed through, over 250 people were re-contacted and asked if they would be interested in learning about becoming a respite provider. Ten families responded affirmatively right away. Now everyone who inquires about adoption or foster care also receives information about the respite-only program. Certification is much less rigorous than what is required for foster care or adoption certification. There is a six-hour orientation seminar; clearances are required and there is a home safety visit. Project STAR is also finding that a by-product of the program is that some of the respite-only families are now considering becoming full-time foster or adoptive parents. The "part-time" nature of the Respite program allows people to experience the impact of adding a child to their home without a long-term commitment.

**PENNSYLVANIA (CASA)  
Group Certifies Child Advocate Program**

A Lehigh County, Pennsylvania the court-appointed special advocate program, or CASA, recently met standards for certification. In 2002, the county joined a nationwide network of advocate programs in which volunteers are trained to help children when the courts must decide what happens to them. Volunteers spend time with the children and other people in their lives and make recommendations on what is best for the children. They write reports for judges, who determine whether children stay in foster care or with relatives, return to their parents, or become eligible for adoption. In 2003, 14 volunteers were sworn in. The program now has 23 volunteers serving 39 children.

For more information or to become a volunteer, link to CASA at: <http://www.nationalcasa.org/index-1.htm>

**PENNSYLVANIA  
Tougher Screening for Foster Parents  
Proposed**

Next year prospective foster and adoptive parents across Pennsylvania could face new, deeper background checks, including drug and alcohol histories and personal finance investigation, under a bill modeled after changes the Bucks County child welfare agency implemented. The bill, proposed by Sen. Tommy Tomlinson, R-6 (Bucks), and Rep. Bernie O'Neill, R-29 (Bucks), would require applicants to provide information from family court proceedings, such as protection-from-abuse filings. It also would require the submission of previous addresses and evidence of financial stability for the prior decade. The law would apply to private and county foster care and adoption agencies.

**OKLAHOMA**

**Lawsuit Challenging Adoption Law Goes Forward**

U.S. District Judge Robin Cauthron has ruled an Oklahoma law that prohibits the state from recognizing out-of-state adoptions by same-sex couples may be challenged in court. The judge issued an order allowing a lawsuit filed on behalf of three homosexual couples to move forward, denying the state's motion to dismiss the lawsuit against Gov. Brad Henry and Attorney General Drew Edmondson. Charlie Price, a spokesman for the attorney general's office, said the office would appeal the ruling to the 10th U.S. Circuit Court of Appeals. He gave no further comment, other than that defense attorneys still believe the state is immune from such lawsuits. The law, signed by Henry in May, was in response to an opinion issued by Edmondson concluding that the Oklahoma State Department of Health must issue supplementary birth certificates to children adopted by same-gender parents.

**NEW JERSEY  
A Record!**

Congratulations to New Jersey! A record 1,383 children in state custody were adopted in 2004, the majority by their foster families according to New Jersey's Human Services Commissioner James M. Davy. This represents a 36% increase over adoptions in 2003, and more than doubles the 597 adoptions finalized in 1997, the year the federal Adoption & Safe Families Act was implemented to encourage permanent placement for children in foster care.

**WISCONSIN**

**Relative Caregivers Keep Federal Subsidy**

Relatives caring for foster children in Wisconsin will be able to retain federal subsidies if they become legal guardians of the children under a waiver granted recently by ACF. This five-year demonstration project allows funds to continue when guardianship established by court order transfer custody from the state to relatives. Implementation of the waiver program will begin once the state legislature passes enabling legislation with a target start date of July 1, 2005.

**MARYLAND**

**More Funding For Child Welfare Proposed**

On Jan. 24, Maryland Gov. Ehrlich proposed more than \$65 million in new funding for child welfare and juvenile justice, with \$43 million to fund foster care and adoption programs. The governor proposed spending \$1 million to recruit new foster parents, \$10 million to create a new database to track children in the welfare system, and funding to hire new child welfare caseworkers.

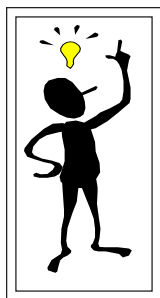
**Question:** Must a child receive either Title IV-E foster care maintenance payments or Title IV-E adoption assistance payments to be categorically eligible for Medicaid?

**Answer:** A maintenance payment is necessary for categorical Medicaid eligibility for a Title IV-E foster care eligible child, but an adoption subsidy is not required for a child who meets all requirements of the Title IV-E adoption assistance program.

*Bridges* continues its new Medicaid Exchange column in this issue with a Frequently Asked Question spotlighting the relationship between maintenance payments and the provision of Medicaid.

Sections 472(h)(1) and 1902(a) of the Social Security Act (the Act) provide categorical Medicaid eligibility for children receiving Title IV-E foster care maintenance payments. Section 473(b) of the Act provides categorical Medicaid eligibility for children who meet the requirements of Section 473(a)(2) of the Act and for whom an adoption assistance agreement is in effect. The law specifies that the child need not receive adoption assistance payments under the agreement to be categorically eligible for Medicaid (section 473(b)(3)(A)(ii) of the Act).

## CALL FOR ARTICLES



**DOES YOUR AGENCY  
HAVE A MODEL  
ADOPTION PROGRAM?**

AAICAMA would like to highlight at least one successful adoption program in each issue of *Bridges*. If your agency has developed a program for improving the provision of services to adoptive families and you would like to write an article for *Bridges*, please contact Sharon McCartney at (202) 682-0100 or [smccartney@aphsa.org](mailto:smccartney@aphsa.org).



## CASES OF INTEREST

### Termination of Parental Rights

Interstate Compact on the Placement of Children

*Green v. Division of Family Servs.* (Cite: 864 A.2d 921) (Del. 2004)

ICPC applied to two noncustodial, nonresident fathers who both expressed interest in obtaining custody of their children once mother's permanency plan was changed to termination of parental rights because, under certain circumstances, the ICPC applies to placements with noncustodial parents, not just prospective foster or adoptive parents.

### Federal Law

Medicaid (EPSDT)

*S.D. v. Hood* (US Court of Appeals for the Fifth Circuit, 11/15/04 – No. 03-30007)

Defendant-state (Louisiana) Medicaid agency's violation of the Medicaid Act, for failing to provide medical assistance under the EPSDT program to plaintiff, deprived plaintiff of a right secured by federal statute for which he may bring an action for redress under 42 U.S.C. section 1983.

Case link: <http://caselaw.lp.findlaw.com/data2/circs/5th/0330007p.pdf>

### Federal Law

IDEA

*J.S. v. Attica Cent. Schs.* (US Court of Appeals for the Second Circuit, 10/06/04 – No. 03-7170)

In an Individuals with Disabilities Education Act (IDEA) claim, defendant-school's contention that plaintiffs should have been required to exhaust their administrative remedies before bringing a federal court action is rejected where defendant's systematic violations of the IDEA cannot be remedied through administrative proceedings.

Case link: <http://caselaw.lp.findlaw.com/data2/circs/2nd/037170p.pdf>

### Due Process Rights

*In Re: The Parentage of A.B. vs. S.B.* (Case No. 53A01-0407-JV-284)

The Indiana Court of Appeals issued a decision ruling that "both women are the legal parents" when they are involved in a domestic relationship and "agree to bear and raise a child together by artificial insemination of one of the partners with donor semen." The appeals court overturned the ruling of the lower court that had found that Dawn King, the non-biological parent, had

no legal standing with the child born to her former partner, Stephanie Benham. The ruling in the case will have an impact on future custody and child-support cases of non-biological parents.

Case link: <http://www.in.gov/judiciary/opinions/wpd/11240403.ehf.doc>

*Patrick A. v. Superior Court of Imperial County* (Cite: No: DO 44982, 2004 Cal. App. Unpub. LEXIS 11247 (December 14, 2004))

Petitioner, a putative father, was not entitled to a continuance based on Petitioner's failure to avail himself of services offered through the court to establish paternity and his inability to demonstrate that a continuance would not be contrary to the minor's best interests. The California Court of Appeals stated that the denial of a continuance did not violate Petitioner's due process rights because an alleged father does not have a known current interest in dependency proceeding until his paternity has been established.

Case link: <http://www.courtinfo.ca.gov/opinions/nonpub/D044982.PDF>

### Procedural Due Process

*In Re: GREGORY A.* (02/23/05 – No. G034454)

The failure to object to admissibility of social service agency reports recommending adoption does not waive the right to challenge the sufficiency of the evidence of adoptability on appeal.

Case link: <http://caselaw.lp.findlaw.com/data2/californiastatecases/g034454.pdf>

### Federal Law

Due Process Claims

*Jeff Dupuy, Belinda Dupuy, Pilar Berman, et-al v Brian Samuels.* (Cite: No.03-3071 & 03-3191, 2005 U.S. App. LEXIS 1717 (7th Circuit Court of Appeals, Feb. 3, 2005))

The 7th Circuit Court of Appeals affirmed in part and reversed in part the District Court's findings on the 42 U.S.C §1983 action brought by plaintiffs, a "class of persons indicated as perpetrators of child abuse or neglect in reports maintained on the State Central Register of the Illinois Department of Children and Family Services." The appellate court affirmed the district court's finding that the Department of Children and Family Services (DCFS) employed constitutionally insufficient standards of evidence and review with regard to "indicated reports" of child abuse and neglect. The 7th Circuit determined that DCFS employees must consider all "credible evidence," including exculpatory

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evidence of child abuse or neglect and evidence demonstrating that the alleged incident occurred. The Court reversed the district court's finding that plaintiffs were not constitutionally entitled to an administrator's conference regarding their application for childcare license. Placement on the list of child abuse and neglect perpetrators meant loss of tangible employment opportunities for plaintiffs, who were license applicants, students and others pursuing a career in childcare; therefore, the Fourteenth Amendment due process clause requires notice and an opportunity to be heard. The court also held that the DCFS procedure did not deprive persons applying for foster parent licensure due process of law. Finally, the appellate court upheld and expanded the district court's finding that, upon timely request, DCFS must provide child care workers with pre-deprivation process through an expedited hearing and decision within 35 days.

Case link: <http://www.ca7.uscourts.gov/op3.fwx?submit1=showop&caseno=03-3071.PDF>

### **Termination of Parental Rights Process**

*California: In re Justin E. v. Judy B. (Cite: No. D044085, 2004 Cal. App. Unpub. LEXIS 11312 (December 14, 2004))*

The Court of Appeals of California reversed and remanded the Juvenile Court's order terminating parental rights of the birth mother because the record did not provide substantial evidence, under clear and convincing evidence standard, that the children were likely to be adopted in a reasonable period of time as required by *Welfare and Institutions Code* § 366.26(c)(1). Case link: <http://www.courtinfo.ca.gov/opinions/nonpub/D044085.PDF>

### **Grounds for Agency Permanent Custody**

*In Re C.W. (Cite: No. 2004-0847; 2004 Ohio 6411; 2004 Ohio Lexis 2878 (December 8, 2004))*

The Ohio Supreme Court affirmed the judgment of the Court of Appeals, which reversed the trial court's order granting permanent custody to appellant, Summit County Children's Services Board ("Board"), based on the erroneous fact that the child had been in the temporary custody of the Board for 12 or more months in a consecutive 22-month period pursuant to the relevant statute. The trial court interpreted the applicable statute to mean a court may grant permanent custody to an agency if the child had been in the temporary custody of an agency for at least 12 out of the prior 22 months *by the date of the hearing* on the motion for permanent custody (emphasis own), meaning an agency could file its motion before the 12

months had actually run. The Supreme Court held that the child must have been in temporary custody of an agency for 12 months of a consecutive 22 month period following an adjudication hearing *before* an agency may file a permanent custody motion (emphasis own). If other grounds exist to support the granting of permanent custody, the agency may move for and obtain permanent custody.

Case link: <http://www.sconet.state.oh.us/rod/newpdf/0/2004/2004-ohio-6411.pdf>

*In the matter of: Aaron F., Raven W., and Robin W. (Cite: No. L-04-1156, 2004 Ohio App. LEXIS 6609) (Ohio Ct. App., December 30, 2004)*

The Sixth District Court of Appeals affirmed the trial court's grant of original permanent custody of appellant's three children to Lucas County Children Services (LCCS) due to the birthparent's unwillingness to provide food, clothing, shelter and other necessities for the children or to prevent them from suffering physical, emotional, or sexual abuse or physical, emotional, or mental neglect. Pursuant to *R.C. § 2151.353(A)(4)*, LCCS need not establish a case plan for reunification where the children services agency seeks original permanent custody of a child based on evidence of abuse, neglect or dependency.

Case link: <http://www.sconet.state.oh.us/rod/newpdf/6/2004/2004-ohio-7152.pdf>

*B.Y. v. Dep't of Children and Families (Supreme Court of Florida, 11/10/04 – No. SC04-258)*

Defendant's objection to plaintiff's adoption is dismissed where the trial court appropriately finalized the adoption within its statutory authority to advance the best interests of the children. In a unanimous opinion, the Florida Supreme Court said judges could overrule the Florida Department of Children and Families (DCF) "in cases of children who were placed in the agency's care due to abuse or neglect by their birth parents." The decision upheld a lower court ruling to let a woman, identified in the case as B.Y., adopt her daughter's three children, over DCF objections that B.Y. was not financially capable to adopt. The decision is a setback for child welfare administrators who have sought sole authority in determining the living arrangements of children in their care. The ruling said state law does not make it mandatory for the agency to have final approval in adoption cases involving foster children.

Case link: <http://www.floridasupremecourt.org/decisions/2004/ops/sc04-258.pdf>

Case Summaries adapted from:

- ◆ The National Center for Adoption Law & Policy at Capital University Law School, *Weekly Case Summary*.
- ◆ *Evan B. Donaldson Adoption Institute Newsletter*, Laws, Policy & Practice.

### Adoptive Parent Checklist: Meeting Your Child's Special Needs

**A great place to start:** For in-depth information on services and supports, as well as information on the adoption process, see the National Adoption Information Clearinghouse web page at <http://naic.acf.hhs.gov>.

*This checklist is available on the AAICAMA web site at: <http://aaicama.aphsa.org/index.html>  
You can also request an electronic copy by e-mailing: [rbockweg@aphsa.org](mailto:rbockweg@aphsa.org)*

#### Evaluating and Understanding Your Family and Your Child

Thoroughly research your child's social and emotional history:

- ✓ Ask to read the case file or a case summary prepared by the agency.
- ✓ Ask questions about the case file or summary if there are things written that you do not understand.
- ✓ Ask if it is possible to talk or meet with the child's current or previous foster parents.
- ✓ Ask if there are relatives, friends, or other significant individuals that your child should maintain contact with after placement. If there are, ask your social worker how best to maintain contact and keep them in your child's life.
- ✓ If this adoption will or may be an open adoption, talk to your social worker about the different types of open adoption. An open adoption is one in which the birth parent(s), adoptive parent(s) and child are known to one another and maintain some level of contact during the adoption process and throughout the child's life. Ask for resource information and materials on open adoption. Request legal information from the agency and a contact name to discuss the legal implications of an open adoption.
- ✓ Thoroughly research the medical history of your child. Ask your social worker to see all available medical records and ask who to contact for answers to your questions regarding diagnosis.
- ✓ Thoroughly research the medical history of your child's biological parents. Ask your social worker to see all available birth family medical records. Ask your agency what background health information is available under state and federal laws and regulations. Be aware that regulations issued as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which went into effect in April 2003 may impact the ability of agencies to share birth family health information.
- ✓ Obtain your child's educational history. Seek information from your child's school(s) to determine if s/he has any special educational needs and to research educational approaches that have proven successful and unsuccessful for your child. Ask if your child is currently receiving special education services and whether s/he has an Individual Education Plan (IEP). Request a current assessment of your child's special educational needs from your local school district if necessary. Research your child's rights to special education and related services under the Individuals with Disabilities Education Act (IDEA).
- ✓ Educate your family and your child to gain an understanding of the evolving issues in adoption of separation, grief and loss, and identity formation. Check with your agency to find out if they have a lending library or offer workshops and training and information on these subjects.
- ✓ If you're adopting transculturally or transracially, research the issues uniquely associated with these adoptions. Check with your state agency's adoption unit to find out if they have a lending library or offer workshops and training and information in the area of cultural, racial and ethnic identity, awareness and appreciation. Contact informational groups such as the New York State Citizen's Coalition for Children on their web site at <http://www.nysccc.org/T-Rarts/T-Rarts.html> where links to articles, reports, books, videos, films, and informative web sites are available.
- ✓ Evaluate your family resources. Discuss the estimated costs of increasing your family size with your social worker and other adoptive parents of children with special needs. Consider meeting with a financial consultant to plan your new family's finances. Remember that resources are not only financial. Include emotional and physical support resources such as local respite groups, adoptive parent support groups, and family members in your evaluation of resources that would help to more fully and successfully incorporate your child into your family.
- ✓ Check with your agency or other adoption professionals to find out if they have a lending library or offer workshops, training, and information on adoption sensitivity. You can research adoption sensitivity in your local library and use their computers to connect to adoption information. Web sites such as the Adoption Family Center's at <http://www.adoptionfamilycenter.org> offer articles to familiarize yourself with positive adoption language to prepare yourself to describe and discuss your child's adoption with your child, family members, friends, and school personnel.

- ✓ Talk to other adoptive parents about the joys and challenges of adopting a child with special needs. Meet adoptive parents through community and on-line adoptive parent support groups. Ask how to get connected to a parent support group in your area or contact AdoptUSKids.org. AdoptUSKids provides a parent support group section on its web site. See the AdoptUSKids.org website at: <http://www.adoptuskids.org>.
- ✓ Fully discuss with agency staff your child's present and possible future needs as assessed by state child welfare professionals. If your child does not presently have physical, emotional, or psychological concerns, are they at risk of developing them? Ask for phone numbers, addresses, and contact names of agency professionals to contact if future needs arise. Also consider contacting your child's doctors, teachers, or previous caregivers.

### Understanding Available Supports

Thoroughly research assistance programs and support services. Ask about your child's eligibility and apply for:

- ✓ **Non-recurring adoption expenses.** Reimbursements of up to \$2,000 may be available. Amounts vary by state.
- ✓ **Adoption assistance payments.** Adoption assistance is a program which can provide adoptive parents of eligible special needs adopted children with financial support. The parent and agency enter into an adoption assistance agreement.
- ✓ **Title IV-E adoption assistance.** Title IV-E is a federal program available to eligible adopted special needs children. Children eligible for the Title IV-E program are either AFDC or SSI-eligible prior to adoption. There is no assessment of a prospective adoptive parent's income for federal adoption assistance eligibility. Eligibility depends upon the circumstances of the child. Children who receive Title IV-E adoption assistance are automatically eligible for Medicaid.

#### Title IV-E Interstate Adoptions

**State agency has responsibility for placement and care.** If you are adopting a child from the child welfare system of another state, it is that state which has responsibility for placement and care for the child and for entering into an adoption assistance agreement if the child meets the eligibility criteria for the Title IV-E adoption assistance program or the state-funded adoption assistance program.

**State agency does not have responsibility for placement and care.** If you are adopting a child, from a private agency, who is not in the care and custody of a state agency, who you believe meets the criteria of the Title IV-E adoption assistance program, your state of residence is where application should be made for adoption assistance.

**Note:** *If your child is not eligible for Title IV-E adoption assistance, ask if your child is eligible for state adoption assistance.*

- ✓ Check the Children's Bureau's **Child Welfare Policy Manual** web site for more in-depth information regarding the Title IV-E adoption assistance program at: <http://www.acf.hhs.gov/programs/cb/laws/cwpm/index.jsp>.
- ✓ **State adoption assistance.** State adoption assistance programs provide financial support to children who are ineligible for the Title IV-E adoption assistance program. Eligibility varies by state. For an explanation of state adoption assistance, contact your state's adoption specialist found at your state's human services agency. Children who receive state-funded adoption assistance may be eligible for Medicaid or other medical assistance. See the [adoptuskids.org](http://adoptuskids.org) for more information on state adoption assistance.
- ✓ **Supplemental assistance programs.** Ask if your state has any other additional special medical or post-adoption service subsidies available. Some states may have one-time payments or short term funding available to meet extraordinary documented needs not otherwise covered in the adoption assistance agreement.
- ✓ **Medical assistance.** States provide medical benefits through Medicaid or an alternative state medical assistance program. Services and coverage vary by state, check with your state's medical benefits representative. The Centers for Medicare & Medicaid Services has a website listing of medical services available under your state's Medicaid plan. Access this information at <http://cms.hhs.gov/medicaid/statemap.asp>.
- ✓ **Post adoption services.** Ask for information on post-adoption services provided by the agency. Many states offer post-adoption services handbooks. See Casey Family Programs, Post-Adoption Services Handbooks: [http://www.casey.org/cnc/support\\_retention/handbooks\\_post\\_adoption\\_services.htm](http://www.casey.org/cnc/support_retention/handbooks_post_adoption_services.htm).
- ✓ **Resource and referral services.** Check with your state's post-adoption specialist for state-specific information..
- ✓ **Educational programs and materials.** For a broad listing of materials on any subject, Questia.com is a membership on-line library. Access titles to special education materials and click on those listed at [http://www.questia.com/Index.jsp?CRID=special\\_education&OFFID=se1](http://www.questia.com/Index.jsp?CRID=special_education&OFFID=se1) for a free preview. The Educational Resource Information Center (ERIC) found at <http://ericec.org/> and Learning Disabilities Online at <http://www.ldonline.org/> offer free links to materials such as books, digests, Frequently Asked Questions (FAQs), and special education laws.

*(continued on page 18)*

- ✓ **Support groups** (parent, family/siblings, child, adolescent). Sample Web links can be found at Parents Helping Parents [www.php.com](http://www.php.com), Federation for Children with Special Needs [www.fcsn.org](http://www.fcsn.org) and the Sibling Support Project [www.thearc.org/siblingsupport](http://www.thearc.org/siblingsupport).
- ✓ **Respite care.** Web link found at [www.chtop.com](http://www.chtop.com).
- ✓ **Outpatient psychotherapy and residential treatment.** Check with your state's medical services specialist.
- ✓ **Search services.** There are hundreds of adoption registries that can assist you and your child if you decide to search. Registries are available by state, birth year and country. See <http://reunion-registries.adoption.com/>.

### Educational Supports and Services

- ✓ Learn about your child's educational rights under the Individuals with Disabilities Education (IDEA) and Section 504 of the Rehabilitation Act of 1973. ERIC offers links to both educational laws at <http://ericec.org/lawlink.html>.
- ✓ Ask about your child's eligibility for the Early Intervention Program for Infants and Toddlers with Disabilities. This program is a statewide program of intervention and prevention services for children ages birth to two. The National Early Childhood TA Center offers information on this program at <http://www.nectac.org/partc/partc.asp>.
- ✓ Ask about your child's eligibility for the Preschool Grant Program. Through this program, states provide eligible children a free and appropriate public preschool education. Preschool entitlement funds are available for special education programs and services to children with disabilities ages 3-5 under Section 619 of the Individuals with Disabilities Education Act (IDEA). See the National Early Childhood site at <http://www.nectac.org/sec619/sec619.asp>.
- ✓ **Paying for college.** Some states offer tuition assistance in the form of tuition waivers, tuition assistance or other forms of educational funding, especially those looking to attend in-state colleges and universities. Access information on tuition assistance at Adoption Connection's site at <http://www.adoptionconnections.org/faq.htm#scholarships>.
- ✓ **Employer assistance.** Some employers offer benefits to their employees who adopt. The National Adoption Information Clearinghouse (NAIC) has an overview of employer-provided adoption benefits including types of benefits and an employer listing at [http://naic.acf.hhs.gov/pubs/f\\_benefi.cfm](http://naic.acf.hhs.gov/pubs/f_benefi.cfm).
- ✓ **Tax benefits.** Depending on income, adoptive parents may be eligible for tax credits or exclusions for some adoption expenses. The Internal Revenue Service has Topic 607, *Adoption Credit* and links to tax benefit application forms and Publication 968 *Tax Benefits for Adoption* at <http://www.irs.gov/taxtopics/tc607.html>.

### Negotiating the Adoption Assistance Agreement

- ✓ Think of the adoption assistance agreement negotiation as an opportunity to assess the needs of your child and identify and get connected with all appropriate supports and services.
- ✓ If your child is eligible for Title IV-E or state adoption assistance, a written agreement will be made between you and the agency, detailing the monetary and medical benefits your child will receive. Ask for a full explanation of all benefits available under the adoption assistance agreement.
- ✓ Ask to have the adoption assistance agreement written clearly and understandably.
- ✓ Understand exactly what services will be covered by the adoption assistance agreement that are not available through health insurance, Medicaid or other resources currently or if the need for additional service arises.
- ✓ Ask for clarification from the agency if you do not understand any information given to you.
- ✓ If you disagree with the agency's determinations of eligibility, monetary support, or medical or post-adoption benefits, you have the right to ask for a fair hearing, which is a legal, administrative procedure that provides a forum to address disagreements with agency decisions. Ask how fair hearings are requested and conducted.
- ✓ You can request to amend an existing Title IV-E or state adoption assistance agreements. Amendments are made by mutual agreement of both the adoptive parent(s) and the agency.



### Understanding Adoption Subsidies Using AFCARS Data

The relationship between adoption subsidies and adoption outcomes was the focus of a study recently released by the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE). The report, *Understanding Adoption Subsidies: An Analysis of AFCARS Data*, used data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) for Fiscal Years 1999 to 2001 and examined how States used adoption subsidies to achieve goals of permanency and well being for children. The study focused on patterns of subsidy receipt, Federal support for subsidies, and the relationship between subsidies and the number and timeliness of adoptions from foster care. Analysis of data from all 50 States, Puerto Rico, and the District of Columbia showed both national patterns and variations among States. The report highlighted the following findings:

- Nearly all children (88 percent) adopted from foster care received a subsidy.
- The median monthly adoption subsidy was \$444.
- Among those newly adopted who received subsidies, 84 percent received their assistance through Title IV-E.
- Age and special needs status influenced subsidy receipt and amount.
- Preadoptive relationships and other characteristics of adoptive families influenced subsidies.
- There was some support for associations between subsidies and adoption outcomes.

The report can be ordered from the National Adoption Information Clearinghouse website, link:

[http://naic.acf.hhs.gov/searchview\\_pub.cfm?recno=48863&simple=1&criteria=adoption%20subsidies&cb\\_website=1&rps=1&uberorgs=1&cb\\_express=1&calendar=1](http://naic.acf.hhs.gov/searchview_pub.cfm?recno=48863&simple=1&criteria=adoption%20subsidies&cb_website=1&rps=1&uberorgs=1&cb_express=1&calendar=1)

### Strategies to Implement a Continuum of Care

Policymakers and researchers have begun to emphasize the importance of developing a continuum of services to reach all the children and families in need of support in the child welfare system. This continuum of care would focus not only on the immediate needs of the

families, but long-term services as well. The benefits and components involved in providing a continuum of care are the subject of a recent *Issue Note* from the Finance Project, *Developing and Supporting a Continuum of Child Welfare Services*. The author notes that the benefits of such services include more than just cost savings. By providing a continuum of care to at-risk children and families, states can help prevent child abuse and neglect, shorten foster care placements, and meet Federal child welfare standards.

Comprehensive services in a continuum of care should include:

- Preventive services
- Early intervention services
- Specialized services
- Post permanency services

Funding is a significant challenge in developing a continuum of care. This *Issue Note* discusses several approaches that States can take to enable families to obtain the supports they need. These approaches involve not only Federal funding designed for certain child welfare needs, but also other Federal funding sources not explicitly dedicated to child welfare (e.g., substance abuse prevention funds).

Interagency coordination also presents opportunities for child welfare agencies to fill their service gaps and provide a continuum of care. Some strategies States may want to use in coordinating with other agencies include sharing information and tracking systems, developing common intake and assessment forms, and coordinating funding.

This article, which provides examples of States and localities implementing a continuum of care, is available from the Finance Project's Welfare Information Network website at [www.financeprojectinfo.org/publications/developingandsupportingIN.pdf](http://www.financeprojectinfo.org/publications/developingandsupportingIN.pdf).

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**We welcome comments or contributions.**

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